

FILED FEB 24 1942

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No.

448

Registration District No. 791

Primary Registration District No. 1003

Registrar's No. 262

1. PLACE OF DEATH:

(a) County.....
(b) City or town. St. Louis, Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Homer G. Phillips Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution. 7 days
In this community 8 years
(Specify whether years, months or days)

3. (a) PRINT FULL NAME Nelson Johnson

3. (b) If veteran, name war --- 3. (c) Social Security No. ---

4. Sex. Male 5. Color or race Negro 6. (a) Single, widowed, married, divorced. Widower
6. (b) Name of husband or wife. Mattie Johnson 6. (c) Age of husband or wife if alive. -- years
7. Birth date of deceased. December 19th, 1888
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
53 0 19 hr. min.

9. Birthplace Boston / Massachusetts
(City, town, or county) (State or foreign country)

10. Usual occupation Cook

11. Industry or business.

MOTHER FATHER { 12. Name William Penn Johnson
13. Birthplace Boston, Massachusetts
(City, town, or county) (State or foreign country)
14. Maiden name Julia Randolph
15. Birthplace West Point, Mississippi
(City, town, or county) (State or foreign country)

16. (a) Informant Ruby Braxton
(b) Address 601 E. Polo Drive, Clayton

17. (a) Burial (b) Date thereof 1-10-1942
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Washington Park Cem.

18. (a) Signature of funeral director Chas. J. Gates
(b) Address 4107 Finney Ave. St. Louis

19. (a) JAN 1 (b) J. J. Bruck
(Date received by registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State. Mo. (b) County.....
(c) City or town. St. Louis,
(If outside city or town limits, write "RURAL")
(d) Street No. 3802 Cook Ave. (If rural, give location)
(e) Citizen of foreign country?..... (Yes or No)
If yes, name country.....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 8,
year 1942 hour 8 minute 15 A. M.

21. I hereby certify that I attended the deceased from January 1, 1942 to January 8, 1942
that I last saw him alive on January 8, 1942
and that death occurred on the date and hour stated above.

Immediate cause of death Bronchopneumonia Duration 5 days

Due to.....

Due to.....

Other conditions.....
(Include pregnancy within 3 months of death)

Major findings:
Of operations.....

Of autopsy.....

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify).....

(b) Date of occurrence.....

(c) Where did injury occur?.....
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work?..... (Specify type of place)
(e) Means of injury.....

23. Signature J. W. Johnson (M. D. or other)
Address 2601 N. Whittier Date signed 1-9-42

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

..... **James A. Johnson**, Registered Apprentice No.....
working under my personal supervision.

Signed..... 

Licensed Embalmer No. **3522**

P. O. Address **4107 Finney Ave.**

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.